



**Request for Pro-Rated Fees Invoice**  
**(NEW HOME PURCHASES)**

Date of Request: \_\_\_\_\_

Purchaser(s) Name(s): \_\_\_\_\_

Address (in Seton): \_\_\_\_\_ Postal Code: \_\_\_\_\_

Legal Description: \_\_\_\_\_  
Plan Block Lot Unit (if applicable)

Possession Date: \_\_\_\_\_

Builder: \_\_\_\_\_

**Send Pro-Rated Fees Invoice to:**

Company: \_\_\_\_\_ Attention : \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Numuber: \_\_\_\_\_

Please allow up to three (3) business days for processing

This form is available on [Seton-connect.com](http://Seton-connect.com)